

PATENT
17731

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Murr et al.

Serial No.: 10/050,443

Filed: January 16, 2002

For: CONNECTOR WITH
INTERCHANGEABLE
IMPEDANCE TUNER

:
: Art Unit: 2833
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: Examiner: Gilman, Alexander
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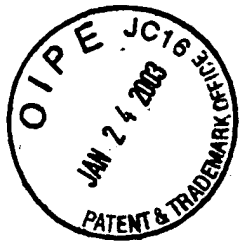
I certify that the documents listed below:

- Amendment (9 pgs.), in response to Office Action dated 9/26/02, along with Appendix (5 pgs.)
- Request for Approval of Drawing Change, along with two (2) sheets of substitute drawings
- Amendment Transmittal Form (3 pgs.)(in duplicate)
- Return post card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Dean D. Small, Reg. No. 34,730
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102
314-621-5070

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2/4/03
Jim

REQUEST FOR APPROVAL OF DRAWING CHANGE

Hon. Assistant Commissioner for Patents
Washington, D.C. 20231

Approved

In furtherance of the Response to the Office Action dated September 26, 2002 submitted herewith, Applicant hereby submits substitute drawing sheets for Figures 5 and 6 for examination in the above referenced patent application. Submitted herewith is a drawing of record showing the proposed changes in red permanent ink for approval by the Examiner. Specifically, reference characters have been added to Figures 5 and 6 to secure substantial correspondence to the description. No new matter has been introduced by the change to the drawing.

Respectfully Submitted,

Dean D. Small
Registration No. 34,730
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, Missouri 63102-2740
(314) 621-5070

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136

(Fees: 37 C.F.R. 1.17(a)(1-5) for the total number of months checked below:)

| Extension (months) | Fee for other than <u>small entity</u> | Fee for <u>small entity</u> |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> one month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> two months | \$ 410.00 | \$ 205.00 |
| <input type="checkbox"/> three months | \$ 930.00 | \$ 465.00 |
| <input type="checkbox"/> four months | \$ 1,450.00 | \$ 725.00 |

Fee: \$ 110.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

☐ An extension of _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY |
|--|---|-------|--|------------------|------------------------|----|---------------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | | OR ADDITIONAL RATE FEE |
| TOTAL | 20 | MINUS | 20* | =-0- | x \$9 = \$ | | x \$18 = \$-0- |
| INDEP. | | MINUS | ** | = | x \$40 = \$ | | x \$84 = \$-0- |
| ___ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$135 = \$ | | + \$270 = \$ |
| | | | | | TOTAL ADDIT. FEE \$ | or | TOTAL ADDIT. FEE \$-0- |

- (c)
- ☒
- No additional fee for Claims is required.

OR

- (d) _____ Total additional fee for claims required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____.

☒ Charge Deposit Account No. 01-2384 the sum of \$110.00

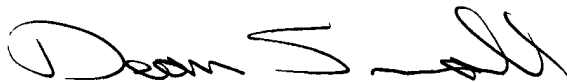
A duplicate of this transmittal is attached.

FEE DEFICIENCY

- 6.
- ☒
- If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒
- If any additional fee for claims is required, charge Deposit Account No. 01-2384.



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